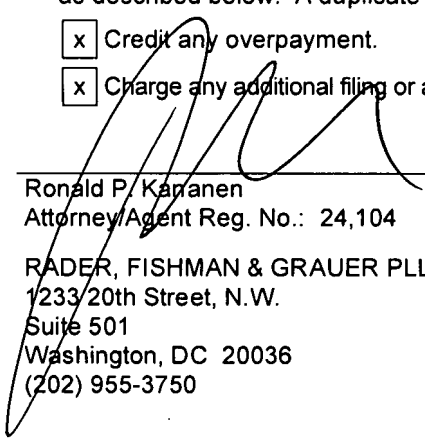




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| AMENDMENT TRANSMITTAL LETTER   |                                  |                                  |                             | Docket No.<br>SON-1688      |               |
|--|----------------------------------|----------------------------------|-----------------------------|-----------------------------|---------------|
| Application No.<br>09/476,776-Conf. #8293  |                                  | Filing Date<br>December 30, 1999 |                             | Examiner<br>K. K. Chu       |               |
|  |                                  |                                  |                             | Art Unit<br>2653            |               |
| Applicant(s): Tetsuhiro SHIOMI et al.  |                                  |                                  |                             |                             |               |
| Invention: DISK RECORDING AND/OR REPRODUCING APPARATUS AND DISK RECORDING AND/OR REPRODUCING METHOD  |                                  |                                  |                             |                             |               |
| <b>TO THE COMMISSIONER FOR PATENTS</b>   |                                  |                                  |                             |                             |               |
| Transmitted herewith is an amendment in the above-identified application.  |                                  |                                  |                             |                             |               |
| The fee has been calculated and is transmitted as shown below.   |                                  |                                  |                             |                             |               |
| <b>CLAIMS AS AMENDED</b>   |                                  |                                  |                             |                             |               |
|  | Claims Remaining After Amendment | Highest Number Previously Paid   | Number Extra Claims Present | Rate                        |               |
| Total Claims   | 19                               | - 20 =                           |                             | x                           |               |
| Independent Claims   | 3                                | - 3 =                            |                             | x                           |               |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>   |                                  |                                  |                             |                             |               |
| Other fee (please specify): Extension for response within first month  |                                  |                                  |                             |                             | 120.00        |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>  |                                  |                                  |                             |                             | <b>120.00</b> |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity   |                                  |                                  |                             |                             |               |
| <input type="checkbox"/> No additional fee is required for this amendment.   |                                  |                                  |                             |                             |               |
| <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>18-0013</u> in the amount of \$ <u>120.00</u> .<br>A duplicate copy of this sheet is enclosed.  |                                  |                                  |                             |                             |               |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.  |                                  |                                  |                             |                             |               |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  |                                  |                                  |                             |                             |               |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>18-0013</u> as described below. A duplicate copy of this sheet is enclosed.  |                                  |                                  |                             |                             |               |
| <input checked="" type="checkbox"/> Credit any overpayment.  |                                  |                                  |                             |                             |               |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.   |                                  |                                  |                             |                             |               |
| <div><br/>Ronald P. Karanen<br/>Attorney/Agent Reg. No.: 24,104<br/>RADER, FISHMAN &amp; GRAUER PLLC<br/>1233 20th Street, N.W.<br/>Suite 501<br/>Washington, DC 20036<br/>(202) 955-3750</div> |                                  |                                  |                             | Dated: <u>April 3, 2007</u> |               |